



**APPLICATION FOR DESIGNATION
AS A MAINE EMS FLIGHT NURSE**

1. Name: _____, _____ (Last Name) (First Name) (MI)

2. Mailing Address: _____
City: _____ State: _____ Zip Code: _____

3. Daytime Phone #: () _____ Pager # (optional): _____

4. Date of Birth: ____/____/____

5. Social Security #: ____ - ____ - ____ (The following statement is made pursuant to the Privacy Act of 1974, § 7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA, § 175 as authorized by the Tax Reform Act of 1976 (46 USC, § 405(c)(2)(C)(i). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA, § 191.)

6. Do you now hold, or have you ever held, a Maine EMS license at any lever? Yes: ____ No: ____

If yes, what is the: License Number: _____ License Level: _____ Expiration Date: _____

7. With what licensed air ambulance service(s) will you be operating?

1. Service Name: _____ Service #: _____

2. Service Name: _____ Service #: _____

3. Service Name: _____ Service #: _____

8. On what date did you complete a training course based upon the Maine EMS prehospital care curriculum for Flight Nurses? _____. (Attach copy of course completion certificate.)

9. What is the number of your Maine Register Professional Nurse? _____ Expiration Date: _____
(Attach a copy of your Maine Registered Professional Nurse License)

10. Have you ever been convicted of any criminal offense (including but not limited to Operating Under the Influence? Yes ____ No ____

11. Have you ever been found to have committed a juvenile offense or civil infraction (including but not limited to motor vehicle offenses). Yes ____ No ____

12. Have you ever had any action taken against any profession license or certification you currently hold or have ever held? Yes ____ No ____

(If you answered yes to either 10, 11 or 12 above, complete section A on the reverse side. Failure to provide this information may result in disciplinary action.)

12. I certify that the statements contained in this application are correct to the best of my knowledge and belief, and that I am eligible for designation as a Flight Nurse in accordance with the Maine EMS Law (32 MRSA Chapter 2-B, et seq.) and, rules set forth by the Maine EMS Board. It is further understood that designation by Maine EMS as a Flight Nurse allows me to administer only those treatments authorized under the Maine EMS Rules and by MEMS and regional protocols and while I am working as a member of a Maine EMS licensed air ambulance service.

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY

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☐ Logged
☐ Entered
☐ Flagged
☐ Issued

Approved by: _____

Course date: _____

Comments: _____

Section A: History of Convictions; or Action Taken Against a Professional License – Completion of this section is required if you have been convicted in a court of law for any offense or, if you have ever had any action taken against a professional license you now hold, or have ever held. Please provide the information requested below (*Attach additional sheets if necessary*):

Type of Offense / Violation	Date of Offense	Place of Offense	Name and Location of Court or Licensing Authority	Sentence / Action

Please type or print clearly and make sure you have: completed all required sections of this application and attach all documentation requested. Return your application to:

**Maine EMS
152 State House Station
Augusta, ME 04333-0152
(207) 626-3860**